

## TRAINING & EXERCISE SECTION

### TRAINING APPLICATION

Course Title: \_\_\_\_\_

Date/Location of Course: \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Organization \_\_\_\_\_ Social Security Number\* \_\_\_\_\_

Mailing Address \_\_\_\_\_ Internet E-Mail Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Business Telephone(\_\_\_\_) \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Telephone(\_\_\_\_) \_\_\_\_\_

Double occupancy lodging will be provided at the MSP Training Academy for PEM courses only. Individuals requiring lodging **MUST** indicate lodging needs when submitting an application. **If lodging needs change, it is the APPLICANTS responsibility to notify this office in order to avoid charges.**

(Private sector and federal employees are responsible for their own lodging)

I will require lodging for the dates of class ☐ Yes ☐ No

I will require lodging for the evening before the first day of class ☐ Yes ☐ No

**(Must exceed 100 miles)**

**Please indicate which PEM level this course will be applied:**

PEM Level #1 ☐ ☐

PEM Level #2 ☐ ☐

PEM Level #3 ☐ ☐

☐ Male ☐ Female

**Comments:**

\_\_\_\_\_  
\_\_\_\_\_

Signature

X

***Please return this completed training application to:***

**Emergency Management Division  
4000 Collins Road  
Lansing, Michigan 48909  
Fax (517) 333-4987**

\*THIS INFORMATION IS CONFIDENTIAL.  
DISCLOSURE OF CONFIDENTIAL  
INFORMATION IS PROTECTED BY THE  
FEDERAL PRIVACY ACT.

**AUTHORITY:** 1976 PA 390, as amended.  
**COMPLIANCE:** Voluntary